



Corres. and Mail  
**BOX AF**

Amendment Under 37 C.F.R. § 1.116  
Group Art Unit 2674, Expedited Procedure

AF\$  
2700

In re Application of:

Docket No. 862.2678

NAOTO ABE

Application No.: 09/248,980

Examiner: R. Laneau

Filed: February 12, 1999

Group Art Unit: 2674

For: IMAGE FORMING APPARATUS, ELECTRON  
BEAM APPARATUS, MODULATION CIRCUIT,  
AND IMAGE-FORMING APPARATUS DRIVING  
METHOD

Date: October 29, 2001

THE COMMISSIONER FOR PATENTS  
**BOX AF**  
Washington, D.C. 20231

**RECEIVED**

JAN 15 2002

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 34	0	x \$9 \$18	0
INDEP. CLAIMS	* 6	MINUS	*** 12	0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$ \_\_\_\_\_ is enclosed.

☐ Charge \$ \_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

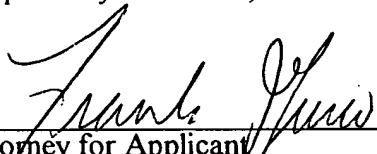
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$ 110.00 to cover the fee for a one- month extension is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant

Registration No. 42476

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